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DATE: November 10, 2006

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TO: Examiner David C. Cornstock  
COMPANY: Group Art Unit 3733FAX NUMBER: 571-273-8300  
PHONE NUMBER:

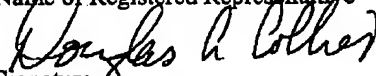
FROM: Douglas A. Collier

DIRECT DIAL: (317) 238-6333

FAX NUMBER: (317) 636-1507

RE: Response to Restriction Requirement for U.S. Patent Application No. 10/795,880 to Regis W. Haid Jr.

COMMENTS: I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on:

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KRIEG DEVAULT LLP  
ONE INDIANA SQUARE  
SUITE 2800  
INDIANAPOLIS, IN 46204  
TELEPHONE-(317) 636-4341  
FAX-(317) 636-1507KRIEG DEVAULT LLP  
12800 N MERIDIAN STREET  
SUITE 300  
CARMEL, IN 46032  
TELEPHONE-(317) 566-1110  
FAX-(317) 636-1507KRIEG DEVAULT GALVIN  
LLP  
5231 HOHMAN STREET  
HAMMOND, IN 46320  
TELEPHONE-(219) 933-0380  
FAX-(219) 933-0471KRIEG DEVAULT LUNDY  
LLP  
825 ANTHONY WAYNE  
BUILDING  
203 EAST BERRY STREET  
FT. WAYNE, IN 46802  
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FAX-(260) 423-1590

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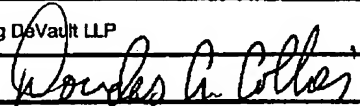
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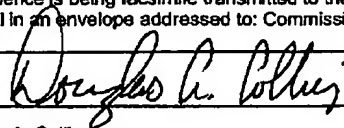
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10795,880
	Filing Date	March 8, 2004
	First Named Inventor	Regis W. Haid Jr.
	Art Unit	3733
	Examiner Name	David C. Comstock
	Attorney Docket Number	MSDI-260/PC853.00
Total Number of Pages in This Submission		3

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Krieg DeVault LLP		
Signature			
Printed name	Douglas A. Collier		
Date	November 10, 2006	Reg. No.	43,556

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Douglas A. Collier	Date	November 10, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent	)	
application of:	)	Before the Examiner
	)	
Regis W. Haid, Jr. et al.	)	John Kim
	)	
Serial No. 10/795,880	)	
	)	Group Art Unit 3733
Filed: March 8, 2004	)	
	)	
OCCIPITAL AND CERVICAL	)	Nov. 10, 2006
STABILIZATION SYSTEMS AND	)	
METHODS	)	Atty. Docket No. MSDI-260/PC853.00

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents  
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In response to the Restriction Requirement dated October 10, 2006, please consider the following. No extensions of time or fees are believed due for consideration of this response. However, please provide any extensions of time that may be necessary and charge any fees which may be due to Deposit Account No. 12-2424, but not to include any payment of issue fees.

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Name of Registered Representative

*Douglas A. Collier*  
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Response to Restriction Requirement  
Ser. No 10/795,880  
MSDI-260/PC853.00  
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